

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040365

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

4497

STATE FILE NUMBER

FILED OCT 18 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Joplin

Length of stay in 1b
20 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. John's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY
OR
TOWN JoplinInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
303 West "A"Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Pauline Dresia Morlan4. DATE OF DEATH
Month Day Year
Oct. 10 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-18-1904

9. AGE (last birthday)

59

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY

Columbus, Kansas

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Frank Dresia

13b. MOTHER'S MAIDEN NAME

Maude Southard

14. NAME OF HUSBAND OR WIFE

Harold Morlan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no none

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Harold Morlan, 303 W "A", Joplin, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cirrhosis liver with anasarca

INTERVAL BETWEEN ONSET AND DEATH

month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

Renal Shutdown (Oliguria)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-7-63 to 10-10-1963 and last saw her alive on 10-10-63
Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

J. Schoebel M.D.

22b. ADDRESS

Joplin Mo

22c. DATE SIGNED

10-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-14-1963

23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial Park

23d. LOCATION (City, town, or county)

Joplin Missouri

24. FUNERAL DIRECTOR

Mason Chapel, 108 Range Line, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

10-15-1963

26. REGISTRAR'S SIGNATURE

Doris Merriam

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 3 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.